

MENINGOCOCCAL (MENINGITIS) WAIVER REQUEST

Student Last Name, First Name

Date Of Birth (MM/DD/YYYY)

Penn State ID Number**INFORMATION ABOUT MENINGOCOCCAL DISEASE AND WAIVER FORM**

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that first-year college students living in residence halls should receive at least 1 dose of meningococcal conjugate vaccine (MCV4) before college entry. All students who will be living in campus housing and who are age 21 or younger must submit proof of 1 dose of meningococcal vaccine that covers serogroups A, C, Y, and W since age 16.

For those students over 21, under the terms of the College and University Student Vaccination Act for the Commonwealth of Pennsylvania, No. 2002-83, an institution of higher education shall prohibit a student from residing in a dormitory or housing unit unless the student has received a one-time vaccination against meningococcal disease, or has signed a waiver that they have received detailed information on the risks associated with meningococcal disease, the availability and the effectiveness of vaccine, and that they choose not to be vaccinated for religious or other reasons.

Meningococcal disease is a rare but potentially fatal infection caused by a type of bacteria called *Neisseria meningitidis*. *Neisseria meningitidis* typically causes meningitis (infection of the lining of the brain and spinal cord) and infections of the blood (meningococemia). Meningococcal disease spreads from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

Anyone can get meningococcal disease, but certain people are at increased risk, including adolescents and young adults 16 through 23 years old. Even when it is treated, meningococcal disease kills 10 to 15% of infected people. Of those who survive, about 15% will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

There are at least 12 types of *N. meningitidis*, called "serogroups." Serogroups B, C, and Y cause most meningococcal disease. Serogroups C, Y, or W cause the majority of meningococcal disease in the college age group. Research has shown that students residing in residence halls, particularly first year students, are at higher risk for meningococcal disease compared with college students overall.

Meningococcal conjugate vaccines can help prevent meningococcal disease caused by serogroups A, C, Y and W. A different meningococcal vaccine is available to help protect against serogroup B. Vaccination side effects are typically mild consisting of redness and soreness at the injection site lasting 1-2 days.

Requests for medical exemption must be signed by a healthcare provider (M.D., D.O., PA-C, CRNP, NP, RN) indicating why this vaccine is contraindicated. Requests for philosophical exemption must include a detailed written statement of personal beliefs. Request for religious exemption must include a detailed written statement of personal beliefs or a letter from clergy.

STUDENT INSTRUCTIONS FOR SUBMISSION OF COMPLETED WAIVER REQUEST FORM:

Using your Penn State access account information, log into MyUHS (www.studentaffairs.psu.edu/health/myuhs) and click on View My Clearances. Scroll down to Clearance Exemption. Click on Request an Exemption, enter your meningococcal exemption(s) and upload the completed form (page 2). Your request will be reviewed, and you will receive a secure message through MyUHS with the outcome of your request. Please allow one week for a response. **If you fail to comply, a registration hold will be applied to your LionPath account restricting you from registering for future semesters.**

By signing this waiver, I acknowledge that I have been informed that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I have read the information about the risks of

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meningococcal disease and the benefits of immunization on page 1. I hereby attest that I am declining immunization at this time for the below identified reason.

REASON (check one):
 Medical

Contraindication: _____

This section to be completed by your healthcare provider:

Healthcare Provider Name (please print)		Title:
Signature of Healthcare Provider:	Phone:	Date
Address or Organizational Stamp		

 Religious [Attach a letter from clergy or provide a statement of beliefs below]

 Philosophical [Provide a statement of beliefs below]

Student Signature: _____

Date: _____

Signature of Parent (if under age of 18): _____

Printed Parent Name (if under age of 18): _____